



A producer's guide to

CareScout Care Assurance Worksite Program

Redefining worksite long-term care solutions

Individual long-term care insurance issued by **CareScout Insurance Company, Glen Allen, VA.**
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CareScout Care Assurance Worksite Program

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Introduction

Solutions for today's workforce

Today's workforce is facing unprecedented caregiving pressures that directly influence workplace performance. As the baby boomer generation increasingly requires care, over half of American adults in their 40s manage the needs of aging parents while supporting children of their own.¹

What does this mean to employers?

The impact is clear in the workplace with employees reporting:

- Higher stress levels
- Reduced productivity
- Increased absenteeism

Offering comprehensive care benefits can make a difference — empowering employees to bring their best selves to work. They also serve as a powerful differentiator for attracting and retaining top talent.

CareScout has redefined long-term care for the workplace. CareScout Care Assurance's holistic approach goes beyond insurance to help you deliver your employers a competitive, differentiating benefits package that provides a smart and simple way to help employees fund, plan, find, and navigate care — while delivering measurable value to employers and producers.

With CareScout Care Assurance employers can:

- Boost productivity and revenue
- Attract and retain top talent
- Support employee health and financial wellness
- Benefit from tax advantages when premiums are employer-paid⁴

80%

Nearly 80% of employees say balancing work and caregiving affects stress levels at work.²

45%

Those with family care³ benefits report 45% higher productivity and 40% less absenteeism.¹



¹ Pew Research Center. April 8, 2022. Accessed February 19, 2026.

² [Care.com 2025 Future of Benefits Report](#). April 2025.

³ Includes child and aging care

⁴ This information is not intended as tax advice. Business owners should consult a tax professional for information related to their particular situation.
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Quick reference

The CareScout advantage

Holistic approach	• Policyholders have access to a powerful suite of personalized resources that provide support at every step of the aging journey. • Whether its assistance maintaining health, finding care, or help navigating decisions and paperwork, they have access to it all — and more. • Check out the Ecosystem for Aging Care flyer to learn how CareScout Care Assurance helps clients fund, plan, find, and navigate aging care. • Don't miss the list of support services available to policyholders' family members as well.
Immediate value	With valuable services available from day one, employees can see the opportunity to use their policy long before they need long-term care. • Policyholders can receive support managing their current caregiving responsibilities. For example, a policyholder could ask for assistance finding quality, vetted care for their mother who they are caring for.
Simplified product	CareScout Care Assurance is a simple, flexible product that is easy to understand and is built for employer groups. • Individual product chassis • Available to employers with as few as 10 employees • Flexible plan design aligned to employer goals and workforce demographics • Benefits are generally income-tax-free
Seamless, digital experience	Built for how benefits are delivered today. • Easy-to-use customized enrollment platform designed to boost participation and minimize administrative burden on employers and producers. • Digital-first data-driven underwriting streamlined for employees, spouses/domestic partners and family members.
Proven experience and credibility	Leverages decades of LTC leadership delivering for clients when they need it most. • Over \$34B⁵ in LTC claims paid (as of December 2025) • Decades of experience supporting policyholders and families

⁵ Long-term care claims experience data for Genworth Life Insurance Company and Affiliates – December 1974 through December 31, 2025.

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CareScout Care Assurance Worksite Program

Product	CareScout Care Assurance for worksite
Minimum employer size	10 employees
Underwriting tiers	MGI, SI, and Full Underwriting
Insurance eligibility classes	Employee, spouses, domestic partners, eligible family members
Eligible family members	Anyone who is related to the policyholder or their spouse or partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew, or niece can apply for a policy. This includes adopted, in-law, and step-relatives.
Participation requirements	• Minimum participation requirements vary by underwriting tier and employer size. • In all cases, only employee applications count toward the minimum participation requirement.
Enrollment periods	30, 60, 90 days depending upon group size
Payment options	• Direct bill: monthly, quarterly, semiannual, and annual • List bill: monthly



CareScout Care Assurance for worksite product features

Product type	Individual, reimbursement, tax-qualified
Total benefit amount	\$50,000–\$250,000 ⁶ (\$50,000 increments)
Daily benefit maximum	\$50 ⁷ –\$200 (\$50 increments)
Benefit increase	None, 1% compound, 3% compound, 5% compound
Deductible period	90 or 180 ⁷ calendar days
Waiver of home and community care deductible period	Optional rider: Deductible period waived for home and community care once eligible
Couples premium rates	• If married or in a domestic partnership, applicant will receive a reduced premium. • Both spouses do not need to apply to receive couples rate.
Care options	• Covers up to 100% daily maximum benefit for home care (agency), adult day care/community living, assisted living, nursing home. • Covers up to 50% daily maximum benefit for independent home care provider.
Home assistance	Up to 90 times the daily maximum benefit to cover services, including home modifications, medical response systems, and caregiving training designed to help policyholders remain safe in their home.
Respite care	Covers up to 90 times the daily maximum benefit per calendar year
Bed reservation	Covers up to 90 times the daily maximum benefit per calendar year
Hospice care	Covers palliative care at home or in a hospice care center
Alternative care	Covered benefits may be available if agreed to by CareScout Insurance Company, policyholder, and a licensed healthcare practitioner

⁶ Not available with Modified Guaranteed Issue (MGI)

⁷Not available in SD

Underwriting highlights

	Modified Guaranteed Issue (MGI)	Simplified Issue (SI)	Full Underwriting
Application – underwriting sections	Section A	Sections A and B	Sections A, B, and C
Fast data collected (MIB, Rx, Dx, LabPiQ)	No	Yes, to validate accuracy of application responses	Yes
Employer contribution required	Yes	No	No
Coverage maximum	\$200,000	\$250,000	\$250,000
Minimum employee participation	15 eligible employees within a generally accepted defined class	10+ employee applications, depending on group size	10 employee applications
Eligible classes considered	Employer-paid actively at work employees	Actively at work employees and actively at work spouses/partners	Employees, spouses/partners, and eligible family members
Available rating class	Standard	Standard	Standard & Preferred

CareScout services highlights

	Policyholder benefits	Extended to policyholder's family
Policy benefits that assist with covering eligible long-term care expenses	✓	
Access to network of vetted home care providers who meet rigorous quality standards and offer preferred pricing	✓	✓
Wellness support to help maintain your health	✓	✓
Professional coaching on caregiving, home safety, emotional well-being, and more	✓	✓
Professional health assessments to identify your needs	✓	
Care plans tailored to your needs, goals, and preferences	✓	Available at a discounted rate
Care coordination support to put your care plan into action	✓	

Family members include the policyholder's spouse or partner, or anyone who is related to the policyholder's spouse or partner as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew, or niece. This includes adopted, in-law, and step-relatives.

In addition to the insurance policy benefits, CareScout Care Assurance offers various resources and services to help policyholders assess care needs, find quality care through the CareScout Quality Network, and enhance their health and independence through wellness programs. Some of these resources and services are also available to immediate family members. Certain resources and services, including the CareScout Quality Network, are offered through our affiliate, CareScout, LLC. The CareScout Quality Network and wellness programs are optional, are not policy benefits, and can be discontinued or modified at any time. CareScout Insurance Company and its affiliates do not provide medical services or advice.

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Underwriting

Our streamlined underwriting and eApplication process reduces time and effort for both the producer and applicant, minimizing the time required to finalize an underwriting decision. Three underwriting tiers are available. CareScout will determine which tier is available for each employer after reviewing the Digital Intake Form.

Modified Guaranteed Issue (MGI)

To meet the minimum criteria for MGI underwriting, the employer must be funding a benefit package, not to exceed \$200,000 coverage maximum, for 15 employees in a generally accepted defined class. The employee must appropriately complete Section A of the application, be within the defined age range, within the approved benefit parameters, and within the defined class of employees paid for by the employer.

Employer eligibility	Employers that fully fund a benefit package for at least 15 eligible employees within a generally accepted defined class may be considered for Modified Guaranteed Issue, pending completion of the formal approval process
Eligible employees	Actively at work, W-2, 30+ hours/week, ages 18–67
MGI underwriting components	• Application Section A • Actively at work status; and • No more than 5 consecutive sick days due to accident, injury or illness; and • No required assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs)
Participation requirement	A minimum of 15 eligible employees within a generally accepted defined class is required within the open enrollment period, as determined through the formal review process
Maximum total benefit	\$200,000
Buy-up	Buy-up above employer-funded benefit available subject to Underwriting approval
Other eligible classes	• Spouses & domestic partners ages 18–67 who are actively at work 30+ hours/week: Simplified Underwriting • Employees not eligible for MGI, spouses & domestic partners not eligible for SI, and eligible family members ages 18–70: Full Underwriting

Simplified Issue (SI)

To meet the minimum criteria for SI underwriting, the employee must appropriately answer Sections A and B of the application focusing on actively at work status, functional capabilities as well as acute and catastrophic disease processes. A minimum participation requirement (10 employee applications or greater) will be established based upon the employer's size as determined through a formal approval process.

Employer eligibility	Voluntary and employer-funded groups may be considered for Simplified Issue through the formal approval process. Minimum participation requirements apply.
Eligible employees	Actively at work, W-2, 30+ hours/week, ages 18–67
SI underwriting components	• Application Section A • Actively at work status; and • No more than 5 consecutive sick days due to accident, injury or illness; and • No required assistance with activities of daily living (ADLs) or instrumental activities of daily living; and • Application Section B – five health questions focused on acute and catastrophic disease processes • Fast data collected (MIB, Rx, Dx, LabPiQ) to validate accuracy of application responses
Participation requirement	A minimum of 10 employee applications will be established based on employer size, as determined through the formal approval process.
Other eligible classes	• Spouses & domestic partners ages 18–67 who are actively at work 30+ hours/week: Simplified Underwriting • Employees, spouses & domestic partners not eligible for SI, and eligible family members ages 18–70: Full Underwriting

Simplified Issue participation requirements by employer size

Participation requirements are determined by the size of the employer. The minimum participation requirement is based on eligible employee applications.

Employer size	Minimum participation requirement
500	10
501–1,000	20
1,001–2,500	50
2,501–5,000	100
5,001–10,000	200

Full Underwriting

Full Underwriting is available for employees that fall outside of the approved program parameters, spouses that aren't actively at work and extended family members. In some cases, an employer may be offered or elect to choose Full Underwriting for all eligible classes. Full Underwriting applicants will complete Sections A, B and C of the application. Although some medical evidence will be ordered in all cases (MIB, Prescription history (Rx), Medical Data (Dx), Laboratory Data (LabPiQ)), additional evidence may be ordered based upon the unique characteristics of the risk, such as medical records, cognitive screens, functional assessments, etc.

Employer eligibility	Voluntary and employer-funded groups may be considered for Full Underwriting through the formal approval process. Minimum participation requirements apply.
All eligible classes	• Employees, spouses, and domestic partners ages 18–70 who do not meet the streamlined underwriting requirements, or when the employer has elected Full Underwriting for all eligible classes. • Eligible family members ages 18–70 always require Full Underwriting.
Full Underwriting components	• Section A, B and C of the application • Fast data is collected (MIB, Rx, Dx, LabPiQ) • Cognitive screening, functional assessments, medical records, etc. also considered
Participation requirement	A minimum employee participation requirement of 10 employee applications applies

For more information on CareScout Underwriting, access [Underwriting Guide](#).



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Sales and implementation

Case approval and implementation

Each case requires CareScout's preapproval prior to implementation. We make this easy with a Digital Intake Form and we are available to provide support for producers new to the process. A typical case follows these steps.

Step 1: Contact CareScout LTC Sales Desk

- Before your first appointment, contact us to pre-screen your group. This will ensure it is an acceptable employer prospect.
- Discuss possible underwriting scenarios.
- Learn available tools to help with your presentation.
- A customized employer proposal can be provided for your presentation.

Step 2: Employer meeting

- Agent/producer and employer meet to discuss:
 - Employer contributions (if applicable)
 - Plan design
 - Employee access and marketing opportunities
- Agent/producer should also collect:
 - Information needed to complete the Digital Intake Form
 - Complete census data in in .csv, .xls, or .xlsx format for all employees (whether or not they are eligible to apply)

Census to include ([census template](#)):

First and last name	Job title
Date of birth	Gender
Date of hire	State of residence
Salary	Marital status (if available)
Full-time/part-time status	Zip code

CareScout Worksite contacts



833-799-8030
x8273383



MultiLifeRequest
@CareScout.com

Case approval and implementation cont'd.

Step 3: Case submission and review

We make case submission easy with our [Digital Intake Form](#) found on the CareScout Pro site. With the Digital Intake Form you will also upload your census file.

CareScout evaluates the request to determine if an enrollment offer can be extended to the employer. There are several factors that contribute to our decision including:

- Risk characteristics
- Employer funding (if applicable)
- Marketing plan and access to employees
- Enrollment support
- Agent/producer experience

Based upon our review of these factors, we determine the rate structure, underwriting type, benefit parameters, and enrollment dates. *CareScout reserves the right to approve or not approve any worksite case.*

Step 4: Implementation Memo

- If approved, CareScout provides an Implementation Memo containing an explanation of all rules and requirements applicable to the group.
- It is important that you review the communication as it will govern the case from start to finish and cannot be changed after the enrollment period begins.
- The Implementation Memo will include the Group Number, which drives the internal processing rules for the case.

Step 5: Implementation call

Producer, employer, and CareScout attend to:

- Review Implementation Memo
- Confirm details of the enrollment offering, including enrollment period
- Review applicable underwriting tiers
- Finalize billing details
- Discuss enrollment site customization
- Answer any potential questions or make modifications prior to the start of the enrollment period



CareScout's digital experience

CareScout's online enrollment platform provides an easy and flexible way for employees and eligible family members to:

- Learn more about long-term care and long-term care insurance
- Customize their own quote
- Apply for a policy

Learn

CareScout's Learning Center provides users with useful information when considering the purchase of long-term care insurance. Topics covered include:

- What is long-term care insurance?
- What does it cover?
- What are the funding options for a long-term care event?
- What are the median costs of care across the United States?

Quote

- Employees and eligible family members can create their own quote, which can be saved for later reference and emailed.
- Product features are designed to make benefit selection easy to understand.
- Benefit options can be customized if employer chooses to limit options available.

Apply

- From each webpage, users will have the opportunity to apply for coverage.
- The platform takes users through the application steps, including the required underwriting questions.
- Issued policies will be delivered via email once the group has met the minimum participation requirement.

Customization

Once plan details are confirmed, we will customize the enrollment site for you and your employer. CareScout will provide a unique URL for each employer group. Customization includes:

- Employer branding
- Personalized underwriting information
- Benefit choices aligned with employer's selection
- Producer contact information for applicant questions

Re-enrollment

Following the successful completion of the initial enrollment period, re-enrollment opportunities are available only if one of the options below was selected during the initial worksite approval process. If no option was selected, Option III (Full Underwriting) will apply by default.

Option I – Annual re-enrollment

Annual re-enrollment periods may be offered to employers that successfully met participation requirements during their previous enrollment period. Re-enrollment must be approved by CareScout.

- To request a re-enrollment, submit an updated Digital Intake Form and updated census at least 90 days prior to the proposed enrollment and no more than 12 months after the end of previous enrollment.
- CareScout will review to determine if a re-enrollment can be approved.
- If approved, re-enrollment participation requirements will be set by CareScout.

Applicants must:

- Be W-2 employees actively at work 30+ hours/week
- Have not missed 5+ consecutive days of work in past 6 months (except for vacation or maternity/paternity leave)
- Not require ADL and IADL⁸ assistance

Important:

- Re-enrollment participation requirements apply to all employees. Requirements must be met for future re-enrollments to be made available.
- Original underwriting tiers may not be available for subsequent re-enrollment under this option.
- Once a re-enrollment option has been approved and the initial enrollment period has commenced, changes to the selected option are only permitted with CareScout pre-approval.

⁸ Activities of daily living (ADLs) are bathing, eating, dressing, transferring, toileting, and continence. Instrumental activities of daily living (IADLs) are those activities that allow an individual to live independently in a community such as cooking, cleaning, transportation, laundry, and managing finances.

Re-enrollment cont'd.

Option II – New hire enrollment

Eligibility window: New employees who become eligible may apply for coverage under the same underwriting tier as offered during the initial enrollment if they submit their application within 30 days after completing six months of employment.

Annual census requirement: CareScout may request updated census annually for worksites that select Option II.

After 30-day window: Applications received after the 30-day window will require Full Underwriting.

Option III – Full Underwriting

Full Underwriting is available at any time to eligible applicants applying outside their re-enrollment period.

All long-term care worksite cases must be approved by CareScout Insurance prior to making a formal commitment to the employer or soliciting any applications.

CareScout reserves the right to alter its underwriting criteria or other program features at any time and/or decline to underwrite any group based on overall risk factors.



Billing

Billing options

Direct billing and list billing are available to employer groups.

- Direct billing
 - Available to all participants on a monthly, quarterly, semiannual or annual basis
 - EFT is available for all payment modes
- List billing
 - Available on a monthly basis
 - List bill updates should be submitted with payment or emailed to CSMultiLifeNB@CareScout.com
 - Policyholders removed from list bill will be put on quarterly direct bill. Policyholder can request to change premium mode.

Payment mailing address

CareScout Insurance
P.O. Box 40005
Lynchburg, VA 24506

Licensing/appointment

Steps to become a CareScout producer/agent

Access www.carescout.com/producer-onboarding

- Training requirements and appointment requirements
 - Check training requirements and appointment requirements for your state
 - Complete required training – [Training Requirements](#)
 - Complete [Appointment Requirements](#)
- Policy compliance
 - Read, understand, and agree to comply with all provisions contained in the CareScout documents contained in this section of the webpage.
- Producer Information and Appointment Form (PIF)
 - Complete CareScout [Producer Information and Appointment Form \(PIF\)](#) and submit via email to LC@carescout.com.

For assistance, contact 833-799-8030 or LC@carescout.com.

State availability

Confirm state availability. Access the most up-to-date state availability via [link](#) or QR code



Employer funding and tax information

Employer funding options

CareScout Care Assurance has flexible funding options to meet the needs of your business owners. We will consider groups that have any of these funding options:

- **Voluntary** – no employer contribution
- **Employer contribution** – employer pays a defined premium amount or benefit, and the employee can elect to purchase more
- **Employer-paid** – employer pays full premium

Employers can choose more than one funding option. For example, they may pay the premiums for their executive team and offer the benefit on a voluntary basis for all other employees. The employer-contribution and employer-paid options may open the group to more streamlined underwriting options (subject to group approval). See Underwriting section for more information on tiers.

Tax information

This long-term care insurance policy is intended to meet federal tax-qualified long-term care insurance requirements. As such, it reimburses covered expenses for qualified long-term care services under IRC Section 7702B(b).

As tax-qualified long-term care insurance, premiums may be deductible in some circumstances, and the benefits received are generally not may be considered non-taxable income.

Employer premium contributions

Generally speaking, a business owner may purchase traditional, tax-qualified long-term care insurance for employees and be "selective" in defining a "select" class of employees that may include the employee-owner. "Spouses" may also be included under the group policy. The business may be able to deduct some or all of the premium depending on the form of business and other factors.

Creating an eligible class of employees

Generally, under the Long-Term Care Business Solutions program, a class of employees may be identified through title, tenure, salary, or a combination of them all. Senior Officers could be in a class defined by their titles. Another class might be all employees with salaries over \$125,000, or employees with over 20 years of service. Or multiple factors could be combined, such as Vice Presidents with over 15 years of service. Other class definitions may also be acceptable. Consult your sales team for assistance.

Typically, the plan design for all employees within a class should be the same. And as individual employees move into a class, they should receive an offer of coverage for that class. For example, a law firm agrees to pay 100% of long-term care insurance (LTCi) premiums for all partners. If another lawyer becomes a partner, he or she should receive the offer of coverage for that class, based on the eligibility waiting period the employer selected when the group program was implemented.

Tax information cont'd

While employers generally may pay premiums on tax-qualified LTCi for select classes of participants, there are tax issues that may arise under certain circumstances. For example, if a plan favors C corporation owner-employees as a class of employees defined solely by ownership status, the IRS may treat the premium payments as dividends to the extent of profits, and therefore income. Employers should always consult with their legal and tax advisors to ensure that a proposed LTC Business Solutions policy conforms to applicable federal and state tax laws, rules and regulations.

LTCi purchased for non-owner

All business types	Employer pays premiums for non-owner employees' policies (includes S Corporation employees with a 2% or less ownership interest).	Employer may be able to deduct up to 100% of premium expense (if total compensation is "reasonable"). Premiums paid by employer not included in employees' taxable income. Benefits received from policy not included in employees' (policyowners') taxable income.
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If any type of business purchases tax-qualified LTCi for a non-owner employee and the spouse, the employer may be able to deduct up to 100% of the premium expense (if total compensation is reasonable). The premiums paid by the employer are generally not included in the employee's taxable income, and benefits received are not generally included in the insured's taxable income. It's a win for both employer and employee.

Individual pays premium

Eligible long-term care premium limits	For 2025, the maximum amount of qualified long-term care premiums includible as medical expenses has increased. Qualified long-term care premiums up to the amounts shown below can be included as medical expenses on Schedule A (Form 1040), Itemized Deductions, or in calculating the self-employed health insurance deduction. • Age 40 or less: \$480 • More than 40 but not more than 50: \$900 • More than 50 but not more than 60: \$1,800 • More than 60 but not more than 70: \$4,810 • More than 70: \$6,020
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Sole proprietor

Sole proprietor	Sole proprietor pays premiums for own policy.	Deducts eligible long-term care insurance premium. Benefits received from policy not included in policyowner's taxable income.
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LTCi premiums paid for a self-employed owner and spouse are included in the owner's taxable income, but the owner will usually be able to take an above-the-line deduction for the "eligible premiums" — the lesser of the actual premiums or the age-based limits, without reference to the 7.5% of AGI threshold required for itemized unreimbursed medical expenses.

Partnership or LLC taxed as partnership

Partnership (as well as Limited Liability Company taxed as partnership)	Partnership pays premiums for partners' policies.	Premiums attributed to each partner/member included in their income. Partner/member deducts eligible long-term care insurance premium. Benefits received from policy not included in policyowners' taxable income.
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The CareScout Care Assurance Worksite Program indicates participants should be W-2 employees working 30-plus hours per week. While this is generally the case, there are nuances for owners in a partnership (partners) or in an LLC (owners are called members) where the LLC is taxed as a partnership. In these instances, if they are actively at work in the business, a partner or member may be eligible for coverage even though they don't receive a W-2.

A Limited Liability Company taxed as a partnership could pay the LTCi premiums for an owner of a partnership and deduct them as a business expense, with the premiums passed through as income to the partner on their K-1. The partner could deduct the eligible premium of as a line 29 adjustment to income on their own federal tax return. While an LLC may elect to be taxed as a corporation, by default, it will be a "pass through" for tax purposes.

S corporation

Sole proprietor	S Corporation pays premiums for greater than 2% shareholders' policies.	Premiums attributed to each greater than 2% shareholder included in their income. Greater than 2% shareholder deducts eligible long-term care insurance premium. Benefits received from policy not included in policyowners' taxable income.
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For those who are more than a 2% owner of an S corporation, it would work very much the same as it would with the partnership, with minor nuances. The premium would be included in income and there would still be an above-the-line deduction of the eligible premiums.

C corporation

C Corporation (as well as Limited Liability Company taxed as corporation)	C Corporation pays premiums for owner-employees' policies.	C Corporation may be able to deduct up to 100% of premium expense (if total compensation is "reasonable"). Premiums paid by employer not included in owner-employees' taxable income. Benefits received from policy not included in policyowners' taxable income.
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A select class of employees may be created usually by title, tenure, salary or a combination of the three. Non-employee spouses can also be included. After a Corporate Resolution is issued enabling the corporation to purchase the insurance on the identified class(es), the Corporation would then pay the premium. Premiums may be deductible up to 100% (if total compensation is reasonable).

Premiums would not be included in the owner-employee's taxable income as long as he or she is eligible for coverage based on employment. Benefits paid to the insured are not included in his or her taxable income.

Our policies are intended to be qualified long-term care insurance contracts under federal tax law. [Clients/You] should consult [your/a] tax advisor to determine the income tax implications of paying premiums and receiving benefit payments. The discussion of tax treatment is not intended as tax advice.

For more information specific to your situation, we recommend consulting with an attorney or tax advisor.

ERISA

Employers may choose to sponsor CareScout Care Assurance as an employee benefit or to offer it on a purely voluntary basis. As with any employee offering generally, or employee benefit plan specifically, there may be laws and regulations that apply beyond the scope of insurance regulation, including, but not limited to, ERISA. Employers should consult with their legal advisors to understand how ERISA and any additional requirements may apply.

ERISA: The Employee Retirement Income Security Act of 1974 (ERISA) regulates employers who offer Pension and Welfare Benefit Plans to their employees. ERISA imposes fiduciary, disclosure, and reporting requirements on those who manage the plan and its assets.

Employee Welfare Benefit Plan: An Employee Welfare Benefit Plan is any plan, fund, or program established or maintained by an employer or by an employee organization (such as a union), or by both, that provides certain benefits, such as medical care to employees and their dependents directly or through insurance, reimbursement, or otherwise.

When an employer provides a long-term care insurance program to employees, the program may be an Employee Welfare Benefit Plan that is governed by ERISA.

Each employer must review the characteristics of its employee benefit plan and determine whether its plan is an ERISA plan. The employer should

consult with its ERISA counsel for assistance in making this determination. Our insurance companies do not make such determinations.

A plan may be treated as exempt from ERISA if it meets ALL the following:

- No contributions are made by the employer or employee organization;
- Participation in the program is completely voluntary for employees or members;
- The sole functions of the employer organization or employee with respect to the program are, without endorsing the program, to permit the insurer to publicize the program to employees or members, to collect premiums through payroll deductions or dues checkoffs and to remit them to the insurer; AND
- The employer organization or employee receives no consideration in the form of cash or otherwise in connection with the program, other than reasonable compensation, excluding any profit, for administrative services actually rendered in connection with payroll deductions or dues checkoffs.

The above information is being provided for background purposes only. CareScout Insurance Company, its representatives — do not give ERISA advice. Employers must consult with independent counsel for assistance to determine the applicability and requirements of ERISA for their specific circumstances.



To take the next step, contact the Worksite Sales Desk at 833-799-8030 x8273383 or MultiLifeRequest@carescout.com

Key contacts and resources

Contacts	
Licensing & Commissions	LC@CareScout.com
Customer Service	CSMultiLifeNB@CareScout.com
Underwriting	UWPrequalification@CareScout.com
New Business	CSMultiLifeNB@CareScout.com

Links	
<u>Producer onboarding</u>	
<u>Marketing materials</u>	
<u>CareScout Cost of Care tool</u>	
<u>State availability</u>	
<u>Digital Intake Form</u>	
<u>Census template</u>	

Read the policy for full information about product features, benefits, and limitations. The descriptions in this material are only summaries and are not intended to substitute the policy. In the event of a conflict, policy terms and provisions will prevail.

CareScout is the marketing name for CareScout Holdings, Inc., its affiliates and entities. Affiliates and entities are solely and separately responsible for their own financial and contractual obligations.

CareScout Care Assurance is issued on policy form series ICC25-1111W75 or 1111W75 or ICC25-1111W100 or 1111W100. All benefits of the insurance policy are backed by the claims-paying ability of the issuing insurance company. All applications are subject to the underwriting requirements of CareScout Insurance Company and are subject to change.

While CareScout Care Assurance has been designed using conservative pricing assumptions, future long-term care claim costs may be different than we anticipate. CareScout Insurance Company has the right to increase premiums in the future, as stated in the policy. Policyholders will not be singled out for a premium increase due to changes to their own health, status or age. Premiums must be paid as specified in the policy to prevent lapse of coverage.

Please check state availability.

Insurance products are issued by **CareScout Insurance Company, Glen Allen, VA.**

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